Nursing VOICE

Hospital Involvement

Volume 2, No. 3 July, 1991

The Lighter Side Of Foolishness And Failure

What do you fear the most?

1. Death

2. Nuclear War

3. Appearing in front of a group

If you answered number three, you are in good company. Studies show that speaking in public is the number one fear - next is the fear of nuclear war.

You know the feeling. Your stomach rises to the level of your throat which itself feels as dry as a desert. Your palms drip, your heart pounds, your stomach flutters and you seriously entertain thoughts of instant evaporation or even thoughts of dying on the spot! The fear of embarrassment, foolishness and failure is so intense we often times consider it a near death experience!

Fear of foolishness is a great inhibitor of our ability to be the creative, pro-active, risk-taking individuals we need to become in order to strive and thrive in our high-tech, intense, ever-changing world. It is a

Continued on Page 7

Recognition At The Unit Level

New Peer Review Program Honors 123 Nurses

In November, 1990, 123 staff nurses were recognized by their peers for outstanding contributions to professional nursing practice.

The New Reward and Recognition Program allowed each staff to develop its own reward criteria. Using these criteria, nurses were recognized by peers on their own unit. The concepts of peer review, decentralization and creativity are the keystone for the new program.

To illustrate the creativity and diversity that guided the evolution of the Peers Recognizing Peers Program, three unit's efforts are summarized below.

Dan DeBlass, RN, and five staff nurses, spearheaded the development of ACCU's Reward and Recognition Program.

The group spent one afternoon brainstorming. In designing the program, the committee decided on a two-fold purpose: 1) to develop a system which would select their best staff nurses, and 2) to develop a peer review system. The group remained focused on these purposes throughout the development of the program. ACCU's finished program has two major components. The first part is peer review. All RN staff members evaluate each other in the areas of technical competence, communication, organization, originality, judgment, assertiveness, achievement, and human relations.

The second part requires the staff to meet four of six specific unit eligibility requirements. The average scores of the peer evaluations are made available to individual staff.

The most controversial issue identified was unit-based eligibility requirements. Some staff felt it caused the bedside nurse component to be de-emphasized. Others felt that these requirements actually served as a motivator for staff to get more involved in unit and professional activities.

In summary, DeBlass commented that "an important gain was that each individual was able to see how their peers evaluated them professionally." His advice to units developing a program is to "get maximum staff input when developing the program and relax about peer review - it truly isn't as bad an experience as some individuals think it will be".

David Crabtree, RN, Head Nurse of ACCU, found the peer results "enlightening because the majority of peer evaluations paralleled my own evalua-

Continued on Page 6

The Allentown Hospital— Lehigh Valley Hospital Center

A HealthEast Hospital

Participation In The Process:

Why Nurses Shy Away From Committee Work

Nursing Voice realizes that divergent points of view exist. We thought about the new opportunities for staff nurses to participate in departmental decision making. We realized there are certain nurses who are less than excited about these changes. We interviewed a number of staff who were identified by peers as nurses who would rather not serve in roles other than at the bedside. Here are the results. (Nurses participating have been identified by pseudonym.)

Nursing Voice: *I've been told that you usually don't volunteer to participate in anything other than bedside nursing. Is this true? Can you tell me why?*

Ann (RN) 20 years experience — "No one asks me to do anything. If I were asked I might. In the past, though, I feel I was always outnumbered by management representatives. I was "talked over".

Denise (RN) 5 years experience — "I dislike having to cram eight hours worth of work into six hours. I'd rather come in on my own time. If committee meetings are during work hours the tour of duty is more stressful. The stress of the job is taxing enough, I am reluctant to further burden myself."

Diane (RN) 15 years experience — "I am the only staff nurse on my committee. I feel unimportant. Most of those management personnel haven't been at the bedside in so many years that they are unaware of the responsibility and workload. They frequently make decisions that are unreasonable and impossible to implement. Lots of time is wasted by activities like debating proper grammar and punctuation in the text of the minutes. I feel powerless to make a difference and would prefer not to be on any committee. My questions and concerns fall on deaf ears."

Lisa (RN) 5 years experience — "Committee work messes up my schedule. I have to come to work during what's usually my time off and spend two hours at a committee. Then I'm expected to cram eight hours of work into six hours. Some of the committees are silly and not related to my job (for example, the unit self-scheduling committee). I'd rather be working than sitting. I just want to come in, and do my job and leave. I don't have the patience to sit there and work through discussion or problems."

Nursing Voice: *What do you think about staff people who regularly leave the unit to attend meetings?*

Ann — "I think the patient is the first priority. Staff leaving sometimes leaves the unit short."

Denise — "I don't mind picking up the extra workload, as long as the departing nurse has made an effort to do all she can prior to leaving."

Sharon — "I don't wish to be on the receiving end of having to carry an extra burden of legal responsibility placed on me (sic: by having extra patients)."

Lisa — "I dislike people who leave because this again causes the unit to be short staffed, and everyone has to work harder to accommodate the loss."

Nursing Voice: *Is there anything that would make a difference in the way you feel about participating?*

Sharon — "There should be a limit of one committee per person. I don't mind leaving the unit if I don't have to feel guilty about nurses left behind to pick up the excess workload."

Denise — "There should be staff relief for meetings whenever possible. I prefer to come in on my own time for staff conferences and inservices to allow for a smoother, less stressful tour of duty."

Ann — "Meetings are important and we need the information. If staff is relieved and the unit is not left short, then it's okay."

Nursing Voice staff wishes to thank interviewees for their time and candor.

Naomi Solomon, RN, 4T
Carole Moretz, RN, 6T

Nursing Voice

is published quarterly by the Department of Nursing, The Allentown Hospital—Lehigh Valley Hospital Center. For additional information, call 821-3000.

Mary Anne K. Keyes, RN, Senior Vice President, Nursing

Carole Moretz, RN, Susan Busits O'Neill, RN — Co-Editors

Susan Schantz — Director of Public Relations

Geoffrey Mehl — Editorial Assistant

Photography — Jack Dittbrenner, Scott Dornblaser, Biomedical Photography.

Editorial Board: Cathy Bachert, RN; Anne Brown, RN; Debra Marie Bubba, RN; Marina Flecksteiner, RN; Ginger Holko, RN; LaDene Gross, RN; Rose Nourse, RN; Andrea Parry, RN; Nancy Root, RN; Jack Schwab, RN; Darla Stephens, RN, and Elisabeth Williamson, RN

Our Quality Policy

Our commitment is to quality in everything we do. This can only be achieved if we provide services that conform to clearly understood requirements. We are dedicated to continuous improvement in our work processes. Our approach is based on "Prevention" and the concept of "Do it right the first time."

Equal Opportunity Employer
M/F/H/V

Shared Governance

A Compelling Model For Nursing

Susan Busits O'Neill, RN

Staff nurses are the brightest stars in the nursing constellation. But, unfortunately, rather than appearing as Orion, the Mighty Hunter, we are more like Ursa Minor, the Little Bear. Just as starlight can be obscured by the smallest clouds, so our wisdom and experience is obscured by ineffective nursing practice and policy.

Who can better identify and remodel the aspects of our jobs that are unsatisfactory? The nursing staff of the Shock Trauma Unit say: "Nobody, but US!" We acknowledge and are proud of our good judgments. We are shifting leadership roles to the staff level.

This grassroots autonomy is termed "shared governance" or "professional-practice model." It enables the bedside nurse to shed dependency and become an active decision maker. When successful, we will each be new and distinctive leaders, not mimicking our past or present leaders. But if we are able to mobilize this collective energy, we must heal the scars left from a history of domination and oppression.

The past style of nursing leadership is one of control and regulation. This relationship encourages behavior typical of oppressed groups: low self-esteem, lack of initiative and lack of assertiveness. No one wants to be dominated, so subordinate groups tend to mimic their oppressors (Roberts - *Oppressed Group Behavior: Implications for Nursing*, 1983). They unwittingly detach themselves from their own group in attempts to act like their superiors. However, they are unable to fully belong because of heritage.

The individual now belongs to neither group. Frustration leads to aggression and inability to direct the anger at leaders, so who pays: oneself and one's peers (Roberts)!

In the nursing panorama, the scars are evident: lack of control of our profession, self hatred and, sadly, dislike for other nurses. We lack cohesiveness. Few staff nurses participate in committee work or read related literature. Even fewer write to express their feelings - good or bad. To align themselves with a powerless group is unwise. The respect we seek must start within ourselves and reach out to our environs.

Physicians represent another powerful force. I'm particularly fond of Stein's account of the "nurse-doctor game" and remember playing it.

"The nurse is to be bold, share initiative and be responsible for making significant recommendations, while at the same time she must appear passive. This must be done so as to make her recommendations appear to be initiated by the physician". (Stein - *The Nurse-Doctor Game*, 1967)

Nursing cannot wait for powerful groups to initiate change.

Working with the model of shared governance has had an impact on myself and my peers. In addition to all the committee work and improving communications network, we are leaving behind the negative characteristics that linger from our past. We more readily hazard opinions and have more confidence in our decisions. We are better listeners and are more supportive of each other. We are more like friends.

Experts claim the process should take three to five years and not move too quickly. "Shortcuts taken today will be made up for tomorrow." (Porter O'Grady - *Shared Governance - Reality or Sham?*, 1989). The work of Shock Trauma's four committees in one year is impressive.

Finance

- better monitoring of stock meds;
- better monitoring of lost charges and supplies;
- preparation of salary structure package contingent on on-call proposal;

Staffing

- fully self-scheduled, independent of head nurse;
- vacation and holiday schedule;
- monitor use of floats, overtime;
- pulling vs. use of PTO time;
- flexibility in use of PTO time with change in acuity and census;

Education

- schedule unit requirements (BLS, ACLS, ATLS, CCRN, trauma continuing education hours);
- CCRN preparatory package;
- public awareness programs (Trauma Awareness Week, Tommy Trauma, Family Support Group);
- review and revise Code Red Standards;
- arrange attendance for outside conferences through rotational basis;

Nurse Practice

- writing standards of care including Standard Care Plans;
- create video for orientation of visiting residents;

Continued on Page 4

The Positive Side Of Involvement

— How Several Make It Work And Expand Insight

"I am a 20-year employee who never attended a committee meeting before 1989. To be frank, I didn't know what input a staff nurse could have. I didn't have time and I really didn't understand what committees do", says Kathy Kowalewski, RN, an O.R. nurse and the staff nurse chairperson of the Peers Recognizing Peers Committee. Kowalewski's opinion began to change as she thought about how the reward and recognition system really fell short of her colleagues' expectations and left the O.R. nurses largely not known. There was too much paperwork and it was difficult for the committee to understand what was important to operating room staff. She decided she might work to improve the situation.

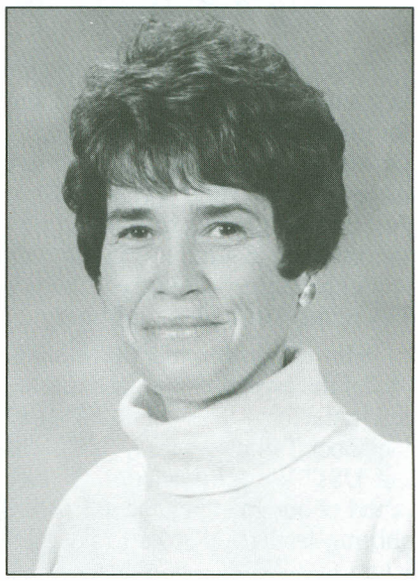
As a result, she volunteered to serve on the committee to restructure the reward system. Over the past two years, she has been a participant in progress and accomplishment and she saw goals constructed and met. She says it was a real working committee and all members came away with a sense that they got the job done.

She says the single most important factor enabling her success was support from nursing management. The

Joann Haros, RN
Quality Assurance Committee

head nurse in the O.R., Virginia Kovalovich, RN, made sure that Kowalewski's schedule was appropriate so she was able to get to meetings. She never had to worry about her peers being left short.

Debbie Bubba, RN, as the experienced chairperson of the Reward and Recognition Committee, worked as a facilitator to the new committee. She



Kathy Kowalewski, RN
Peers Recognizing Peers Committee

was an enormous help with regard to who to see and what to do. She was instrumental in arranging publicity for the program. In addition, Bubba assisted Kowalewski with organizing the agenda for the meetings, deciding where to send paperwork and provided office space.

Mary Anne K. Keyes, RN, senior vice president, Nursing, took the time to come to each meeting. Kowalewski says she is the "most down to earth person I have ever met. She makes it clear that she cares about nurses, supports their efforts and trusts their judgments."

Kowalewski is working now to help the chairperson-elect to understand and organize the committee's business. She envisions a future of improvements ably managed by a group of staff nurses.

Joan Collette, RN, is another of TAH—LVHC's staff RNs serving in a partially administrative role. Collette is the chairperson of the Nursing Staff Representative Council. She points out, "It is important that we, as staff nurses, have not only an opportunity but an obligation to influence decisions regarding our profession, our

Shared Governance

Continued from Page 3

- peer reward and recognition program;
- unit base Nurse-Physician Liaison Team;

A few years ago I was caring for a child who was recovering from a critical injury. His mother was a free-lance writer and we would often talk. She asked me how could I do this work and do I like my job. Feeling a little intimidated by her career I said, "I love my job. I'm lucky for that, but if I would do it over, I'd do something more creative." Without pausing she replied, "No job is more creative than yours! You touch these broken bodies and heal them. You create a whole person."

I've thanked her in my heart a thousand times for showing me the true substance of my work. Without this knowledge, I would be of little value in a shared governance system.

Nurses need to ponder who we are. Where did we come from? Where are we going? We should have a keen interest in our future. Come talk to us in STU. We'll help you get started to grow from Ursa Minor to Orion.

Susan Busits O'Neill, RN
Shock Trauma Unit

Joan Collette, RN
Nurse Staff Representative Council

practice and our clinical environment. The nursing department operates with a decentralized model so, many important decisions should be made by staff nurses."

TAH—LVHC Nursing Staff Representative Council is a valuable resource for recognizing and addressing issues which concern staff, making appropriate recommendations and decisions. As a staff nurse, says Collette, the opportunity to chair a council has been very meaningful, integrating interpersonal and communication skills with nursing knowledge.

Staff concerns have always been of interest to me, and as chair of this particular council, interactions with all levels of the Nursing Department and other nursing councils are fundamental in addressing these issues. We are all aware of the time constraints staff nurses function under; but owing to administrative support, staff nurses now are able to function in roles which allow them to be involved as active participants in issues, chair nursing councils, and work together towards the realization of our ideals.

Joan Collette, R.N.
Chairperson
Nursing Staff Representative Council

Carole Moretz, R.N.
Head Nurse, 6T

Making A Difference

Beneath Modesty, There's Community Involvement

We make a difference. Nursing does not begin and end in the hospital. Promoting health by nurses is a continuous commitment which extends into the community. At a time when nurses are examining their image and redefining their practice, nurses are subtly doing what they have always done best: involving themselves through health promotion in their own backyards.

Modesty is a common denominator when nurses are asked about involvement outside of their nursing positions. When interviewed informally, many denied involvement and needed a colleague to coerce them to discuss community activities. The time has come for nurses to "toot their own horns." It is also important for us to support each other by sharing our individual accomplishments.

Nurses involved in community health promotion truly make a difference through providing accurate information, dispelling myths, examining fears and encouraging the public to choose a more healthy lifestyle.

As a four-year staff nurse on 4S, Michelle Stuart, RN, deals with renal patients who suddenly need to choose a dialysis modality for survival. Patients and their families who face this crisis are difficult to educate, and the hospital setting does not afford the time to help choose the best option.

Thus, the predialysis education program known as PEP was born. In the community setting, prior to crisis, patients with end-stage renal disease are counseled in issues dealing with the disease process, modalities available, appropriate diet, social concerns and the hospital routine.

This process helps the patient and

Continued on Page 8

Six From CNS Unit Present At Neurosciences Meeting

The 23rd Annual Meeting of the American Association of Neuroscience Nurses in New Orleans, Louisiana April 21-25 featured six nurses from the CNS Unit. Patricia Klotz, RN; Beth Delin, RN, and Clarianne Mathiesen, RN, presented a general session on Diffuse Axonal Injury which included a review of the pathophysiology and general care with application through a case study (patient whom they cared for in CNS).

Carol Fox, RN, and Kathy Lucke, RN, presented a research session titled *Hyperoxygenation and Hyperinflation and Endotracheal Suction in Adult Head Injured Patients*. This included the results of over two years of data collection, clinical nursing research in the CNS unit.

Ellie Franges, RN, presented a special session titled *Preparing to Present: From the Abstract to the Podium.*

Patricia Vaccaro, RN, published a chapter in the Nursing Care of the Burn Injured Patient by Rita Bolek Trofino, titled "Care of the Patient with Minor to Moderate Burns."

Mary Ellen Nangle, RN, presented cultured epithelium research from the burn center at a symposium prior to the Maui International Burn Conference and presented "Fluid Resuscitation of the Burn Patient" in the burn module of the Critical Care Nurse. Mary Jane Spotts, RN, recently presented "Discharge and Rehab Planning" in the burn module of the course.

Unit Level Recognition

Continued from Page One
tions of the staff."

The 4A Reward and Recognition Program was developed by a unit committee of six staff nurses representing all shifts. Membership on the committee was voluntary, although Linda Pagoda, RN, the 4A committee chairperson, needed to solicit staff participation.

The committee began to develop 4A's program by individualizing their criteria for the types of patients and technical skills specific to them - ventilator patient management, CAPD and bedside glucose monitoring. Because 4A had many new staff, Linda stated they "tried to build incentives and goals into the criteria for people to work toward in 1991. We wanted it to be growth-building for everyone".

The resulting program consisted entirely of a peer review component in which staff members were evaluated against 18 criteria using a numerical rating scale. The criteria addressed technical skills, judgment, communication and leadership.

The response of the unit to awardees was, by and large, a positive one. Pagoda feels confident that she speaks for the majority of staff in saying that the awards were "well deserved by the recipients, and the nurses who are looked upon by the staff as the best were the ones who were selected".

AFTER REVIEWING other programs, 4A plans to add another component to its program for 1991 - that of unit-specific eligibility requirements. Also, specific examples will be added to some criteria to facilitate evaluation. Plans are also under way to use the scantron forms in order to make the tabulation process easier.

The LVHC site Operating Room has a staff of 70 RNs, making it the largest unit in the hospital. They work in an environment that is unseen by and unfamiliar to the vast majority of hospital staff. Even the patients with whom they work are unaware of their efforts due to their sedation. Yet, they are proud of the work they do and of the vital service they provide.

Linda Pagota, RN, and Dan DeBlass, RN

THE STAFF HAD a strong desire to be recognized for the highly specialized and unique nursing care they give. "There is no better judge of our expertise than peers with whom we work every day," remarks Kathy Kowalewski, RN, the unit's Reward and Recognition chairperson.

Their program, designed by a nine-member committee, contained two major components, unit-specific eligibility requirements and peer review. The peer review was original in that it included 12 criteria which required staff to list the eight names of nurses who they felt best met each criterion. Additionally, two scenarios were included which provided situations that allowed staff to respond from a personal, as well as total professional, perspective.

Creating a program which was fair and nondiscriminatory in such a large-staff, multi-specialty area was a real challenge for the OR committee. The fact that the OR staff elected to continue in its participation in the Reward and Recognition Program in 1991 indicates that the 1990 committee was successful in meeting their challenge.

A suggestion box was placed on the unit to solicit input and ideas from staff members. These suggestions produced the changes that have been incorporated in the 1991 program.

The three programs described here are only a small sampling of the variety of programs developed by our staff. Each program has its own particular structure and represents that unit's idea of its role models and that "best of the best."

HOW DID THE award recipients feel? To answer that question, 16 recipients from different units were randomly selected and interviewed. The awardees were overwhelmingly positive in their feelings and responses to-

"It's nice that others see that you are doing an excellent job."

ward the program.

When asked how they initially felt when they were notified, the adjectives most frequently heard were proud, respected, thrilled, surprised, excited and delighted. Many commented how honored they felt to have been selected by their peers as a role model. It made others feel especially good about their clinical practice. "I was very elated and pleased that people had such strong positive feelings about my practice" said one award recipient. Mary Stone, RN, of 4B, commented, "Whether or not you get money, it's nice that others see you are doing an excellent job. Maybe our actions will influence others." Lenore Kroll, RN, TAH site OR, felt that "people are looking at themselves to see how they can be a better nurse for next year."

DID THE PEER recognition make them act or function any differently? The answer was unanimously "no." All commented that they did not feel any pressure to change their practice nor did they want to.

Recipients generally felt very supported and were congratulated for their achievement by their peers. "It was a real morale booster," said Kelly Baatz, RN, from 5B.

The overall concept of a unit-based Reward and Recognition Program has been favorably received by the Nursing Department as a whole, as indicated by a 50 percent increase in participating units for 1991. We congratulate all 1990 units on a job creatively done and wish all 1991 units the same success that was enjoyed this year.

Debra Marie Bubba, RN, Nursing Administration
Ginger Holko, RN, 5B
Kathy Kowalewski, RN, OR-LVHC site

The Lighter Side Of Fear, Foolishness And Failure

Continued from Page One

fact that we now live in a world of inverse change, i.e. as soon as we adapt to one change, that change is obsolete and another change is needed. I believe our fear of foolishness quotient is directly related to our level of seriousness.

Another question - How would you characterize yourself?

1. Serious
2. Dead Serious
3. Dead

If you answered number three, you have a hopeless situation. Perhaps you should lie down. However, if you answered number one or number two there is still hope for you. Consider this ancient Chinese proverb:

"Blessed is he who can laugh at himself. He shall never cease to be entertained."

And reflect on these words of wisdom from Ethel Barrymore, the great actress, "we grow up the day we have our first good laugh at ourselves."

Many of us go to a great deal of trouble to become serious and solemn human beings. But let me tell you that it is an unwritten law of nature that the greater degree to which you go to be a serious, intelligent person, to that same degree the universe will conspire to make a fool of you. Beware!

Please understand me. We need to be serious about our jobs; however, in order to do this effectively we need to admit our humanity, our humanness, the fact that we can and do make mistakes.

No one would consider Thomas Edison or Babe Ruth failures, but it's a fact that they failed many times before they achieved excellence.

Terry Paulson, a humor consultant from California, writes:

"Only the self-confident can admit mistakes; humor and laughter helps us let go of our errors and move on. In this age of change, risk-taking and creativity will bring with them many mistakes. By laughing at your own errors, you help yourself and others let go of the dread of failure."

Shared laughter is a sign of vigorous good mental health. Be gentle with yourself. Stop that negative self-talk. Mistakes are stepping stones to greatness. It is only when we allow ourselves to be human and take risks, step out of our comfort zones, that we grow and stretch ourselves to new limits.

We as nurses are members of a dynamic, exciting profession. We need more individuals who are willing to take risks, to speak out, to be creative, to lead us to even greater levels of professional practice.

So the next time you are tempted not to get involved because that old discomfort starts taking hold, take a deep breath, smile and move on with it. You can be assured that you won't die and you'll probably enhance your self-esteem, self-confidence, and maybe do a little good for nursing as well.

Andrea Parry, RN
GICU East

Beneath Modesty, There's Community Involvement

Continued from Page 5

his family cope with the hospital setting when acute care is needed. Nurses are an integral part of this five-week evening program where patients also have the opportunity to interact with physicians, a dietitian, social worker and a panel of actual dialysis/transplant patients to meet their education and emotional needs.

STUART'S INVOLVEMENT in PEP helps patients and their families "know what to expect before they come to the hospital." Working with the end-stage renal patient in the hospital and community setting remains quite a challenge which keeps Stuart and the nursing staff of 4S "on their toes". Meeting the patient and his family prior to the hospital admission benefits both patient and nurse. Michelle feels good about involvement in the program, stating "It's amazing what a difference it makes — especially when they recognize a familiar face."

Nurses provide a "familiar face in guiding our children toward a more healthy lifestyle." A staff nurse at TAH site since 1980 (presently in TCU), Debbie Andrews, RN, is involved in active health promotion through the scouting program. As a leader of Lehighton Troop 590, Andrews teaches 10 to 12 year-old-girls health-related topics such as avoiding drugs, basic first aid training and camping safety. Andrews' junior troop completed a first aid badge which includes learning how to take a pulse, basic rescue breathing, emergency phone assistance and creating a personal first aid kit.

Girl Scouting provides nurses with the opportunity to project their true image to children. When asked about the children's image of nursing, Andrews feels that her troop does not communicate the "typical nurse or secretary stereotype."

THESE CHILDREN have expressed the hope of becoming engineers, doctors and paramedics. Upon completing their career badge, the girls expressed interest in discussing what it would be like to be a professional. Nurses in the community such as Andrews have a great impact in shaping our future through educating the leaders of tomorrow.

A "better choice at life" is the reason that Dawn Angst, RN, became involved in the "Time is Muscle" program. A critical care nurse at LVHC site since 1984, Angst recognizes the need for the community to promptly respond to the symptoms of heart attack. Working in both the PCCU and OHU, Angst communicates with patients post heart attack, who thought their "stomach was acting up" or they had "tennis elbow" when they were really feeling anginal symptoms. Delay in treatment can mean greater heart muscle damage, decrease in cardiac function and possibly death.

Debbie Andrews, RN, TCU

"Time is Muscle" is a community awareness program devised by nursing administrators, educators and staff in order to teach those at risk and the general public the symptoms, causes, treatments and ways to prevent a heart attack.

THIS PROGRAM is free of charge and is offered to exchange clubs, rotary groups, senior citizen organizations, businesses, and the general population. Nurses who promote community awareness through programs such as this truly improve potential victims quality of life as well as save lives.

Hats off to Stuart, Andrews and Angst!

Marina Flecksteiner, RN
NEPER

"It's amazing what a difference it makes — especially when they recognize a familiar face." It also evaporates stereotypes and alters career considerations.